

**INSTRUCTIONS FOR FILING AN
APPLICATION TO PROCEED IN FORMA PAUPERIS PURSUANT
TO 28 U.S.C. § 1915**

1. **WHO SHOULD USE THIS FORM.** A prisoner who is unable to **prepay** the entire filing fee and service costs for this action should use this *in forma pauperis* application packet. The recent Prison Litigation Reform Act amended 28 U.S.C. §1915 to obligate the prisoner to pay the full filing fee of \$150.00 for a civil action and \$5.00 for a habeas corpus petition even if the prisoner is granted *in forma pauperis* status. The granting of *in forma pauperis* status simply allows the court to determine whether the prisoner qualifies for proceeding in a case without having to prepay the entire filing fee. **Note: The prisoner must completely pay the entire filing fee regardless of whether the action is dismissed or if the prisoner is released from confinement.**
2. **FILL OUT THE FORM:** To file an application to proceed *In Forma Pauperis*, the prisoner must submit the following forms:
 - a. An affidavit that includes a statement of all assets he or she possesses; and
 - b. A certified copy of the prisoner account statement for the last six months, obtained from the appropriate official at the prison or correctional facility; and
 - c. A signed form authorizing the institution of incarceration to forward from the prisoner's account to the Clerk of Court any initial partial filing fee assessed by the Court and to forward monthly payments thereafter of 20 percent of the prisoner's preceding month's income credited to the prison account until the full amount of the filing fee is paid.

All information must be clearly and concisely written in the appropriate space on the form. If additional space is needed to provide information about the case, attach additional blank pages. **DO NOT WRITE ON THE BACK OF ANY OF THE PAGES;** any writing on the back of any page might not be considered by the court.
3. **TYPE OR PRINT THE COMPLAINT.** The *in forma pauperis* application must be typed or legibly handwritten.
4. **PAPER SIZE.** The *in forma pauperis* application must be on 8½" x 11" letter size paper.
5. **SIGN THE FORM.** The applicant applying for pauper status must sign and declare under penalty of perjury that the information provided is correct. In addition, the applicant must sign authorizing the institution where he/she is in custody to forward certified copies of his/her account and payments to the Clerk of Court until the full filing fee is paid. Applications must contain an original signature and not a copy.
6. **ASSESSMENT OF FILING FEES.** If the court determines that a prisoner is unable to pay the full filing fee, the court will allow the prisoner to proceed *in forma pauperis*. However,

the court will assess and, when funds exist, collect an initial partial filing fee of 20 percent of the greater of the average monthly deposits to the prisoner's account or 20 percent of the average monthly balance in the prisoner's account for the 6 month period immediately preceding his or her application to proceed *in forma pauperis*. **28 U.S.C. §1915(b)(1).** Thereafter, the prisoner shall be required to make monthly payments of 20 percent of the preceding month's income which is credited to the prison account to the Clerk of Court until the fees are paid in full. Such payments shall be forwarded to the Clerk of Court by the prison official each time the amount in the prisoner's account exceeds \$10.00. **28 U.S.C. §1915(b)(2).** If the prisoner has no assets and no means to pay the initial partial filing fee, the prisoner will not be prohibited from bringing an *in forma pauperis* action. **28 U.S.C. §1915(b)(4).** However, the prisoner will be required to make the monthly payments as described above from the money the prisoner collects at a later date. **Note: Once a filing fee is assessed, the full filing fee must be paid. This is true even if the court dismisses the case because it is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks money damages against a defendant who is immune from such relief.**

7. **THREE OR MORE SUITS.** A prisoner who has filed three or more civil actions and/or appeals while incarcerated or detained, and the actions have been dismissed on grounds that they were frivolous, malicious, or failed to state a claim upon which relief may be granted, may not proceed *in forma pauperis* in bringing a new civil action or in appealing a judgment absent a threat of imminent, serious physical injury. *See*, 28 U.S.C. § 1915(g).
8. **WHERE TO MAIL.** When the *In Forma Pauperis* application is completed, mail the original to the **Clerk of the United States District Court for the Western District of Louisiana, 300 Fannin Street, Suite 1167, Shreveport, LA 71101-3083.**
9. **DEFICIENT APPLICATIONS.** *In Forma Pauperis* applications which do not conform to these instructions will be returned with a notation as to deficiency.

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
_____ DIVISION**

DOC NO. _____ **CIVIL ACTION NO.** _____
VERSUS **JUDGE** _____

MAG. JUDGE _____

AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS*

I, _____, prisoner identification number _____,
(Full Name)
declare that I am the
_____ **Petitioner/Plaintiff**

* If you are a plaintiff in a civil rights action, are you serving a criminal sentence? _____ yes _____ no

* If you are **not** serving a criminal sentence, are you being held pursuant to a detainer placed upon you by a government agency such as the Immigration and Naturalization Service? _____ yes _____ no

_____ **Movant (filing 28 U.S.C. §2255 motion)**
_____ **Other** _____

in this case. In support of my request to proceed without prepayment of the full filing fee or costs under 28 U.S.C. §1915, I declare that I am unable to prepay the full filing fee or costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you incarcerated? _____ yes _____ no

If "Yes," state place of incarceration: _____

_____.

(If "No," this is the wrong form for you. You should request the Non-prisoner Declaration in Support of Request to Proceed *In Forma Pauperis*.)

2. Do you have a work, program, status assignment, or other circumstances which causes you to be paid by the prison, jail or other custodial institution? _____ Yes _____ No

3. In the past 12 months have you received money from the following sources? If so, state the total amount received. _____ **Amount**

- A. Business, profession, or _____ Yes _____ No \$ _____
other self-employment
- B. Rent payments, interest, _____ Yes _____ No \$ _____
or dividends
- C. Pensions, annuities, or life _____ Yes _____ No \$ _____
life insurance payments
- D. Disability or Workers' _____ Yes _____ No \$ _____
Compensation Payments
- E. Gifts or Inheritances _____ Yes _____ No \$ _____
- F. Any other sources _____ Yes _____ No \$ _____

If the answer to any of the above is "Yes," describe each source of money and state the amount received **and** the amount that you expect to continue to receive.

4. Do you have **any** cash or checking or savings accounts outside the prison?
_____ Yes _____ No Amount \$ _____

5. Do you have a secondary savings account, such as a certificate of deposit or a savings bond?
_____ Yes _____ No Amount \$ _____

6. Do you own any assets including real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property?
_____ Yes _____ No

If "yes," describe each asset and state its value:

	<u>VALUE</u>
Automobiles _____ (Make/model/year) _____	\$ _____
Stocks _____	\$ _____
Bonds _____	\$ _____
Notes _____	\$ _____
Real Estate _____	\$ _____
\$ _____ (Mortgage)	
Other _____	\$ _____

7. Have you on any prior occasion, while incarcerated or detained in any prison, jail, or other facility, brought an action in federal court that was dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief could be granted? _____ Yes _____ No

If "yes," list the dismissals:

<u>Date Dismissed</u>	<u>Case Name</u>	<u>Case number</u>	<u>Court</u>
_____	_____ v. _____	_____	_____
_____	_____ v. _____	_____	_____
_____	_____ v. _____	_____	_____

I declare under penalty of perjury that I have submitted above a complete statement of all of the assets that I possess and that all of the information set out above is true and correct.

Executed on _____
(Date)

(Signature of Applicant)

AUTHORIZATION

I, _____, prisoner identification number _____, request and authorize the institution holding me in custody, to send to the Clerk of Court for the United States District Court, Western District of Louisiana, a certified copy of the statement for the last six months of my account at the institution where I am incarcerated and/or detained. I further authorize the institution holding me to forward from my account to the Clerk of Court any initial partial filing fee assessed by the Court in the amount of 20 percent of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of this complaint or petition. Thereafter I authorize the institution of incarceration and/or detention to forward monthly payments of 20 percent of my preceding month's income credited to my prison account to the Clerk of Court each time my balance exceeds \$10.00 until I have paid the filing fee in full.

This authorization is furnished in connection with the commencement of a civil action, and I understand that the total amount of filing fees for which I am obligated is \$150.00. I also understand that these fees will be debited from my account regardless of the outcome of my civil action. This authorization shall apply to any other institution into whose custody I may be transferred.

I further acknowledge that I have not directly or indirectly paid or caused to be paid to any inmate, agent of an inmate, or family member of an inmate a sum of money, favors or anything else for assistance in the preparation of this document or any other document in connection with this action.

Dated: _____, 19 _____

Signature of Prisoner

CERTIFICATE

_____ I request that an authorized officer of the institution in which I am confined, or other designated entity, complete the below financial certificate. I understand that:

(1) if I commence a petition for Writ of Habeas Corpus in federal court pursuant to 28 U.S.C. §2254, the filing fee is \$5.00, and such fee will have to be paid by me.

(2) if I file a civil action with this court (such as an action pursuant to 42 U.S.C. §1983) the filing fee is \$150.00, which I must pay in full, and:

(a) if my current account balance is \$150.00 or more, I will not qualify for *in forma pauperis* status and I must pay the full filing fee of \$150.00 before I will be allowed to proceed with the action;

(b) if I do **NOT** have \$150.00 in my account, before the action will be served on the defendants, I will be required to pay 20 percent of my average monthly balance, or the average monthly deposits to my account, whichever is greater, and thereafter I must pay installments of 20 percent of the preceding month's deposits to my account in months that my account balance exceeds \$10.00, and I hereby authorize the institution where I am confined to make such deductions.

(c) I must continue to make installment payments until the \$150.00 filing fee is fully paid, without regard to whether my action is closed or my release from confinement;

(3) I further state that I have not directly or indirectly paid or caused to be paid to any inmate, agent of an inmate, or family member or any inmate a sum of money, favors or anything else for assistance in the preparation of this document or any other document in connection with this action.

Date

Printed Name of Applicant

Signature and Prison Number of Applicant

***TO BE COMPLETED BY THE INSTITUTION OF INCARCERATION
AND/OR DETENTION)**

I certify that _____ (Insert name of prisoner and prisoner number) has the
current sum of \$_____ on account to his credit at _____
(name of institution). I further certify that during the past six months the applicants average balance
was \$_____ and that the applicant's average monthly deposits were \$_____.
I have attached a certified copy of the applicant's prison trust fund account statement showing at
least the past six months' transactions.

I further certify that the applicant does/does not (**circle one**) have a secondary savings
account(s), such as a certificate of deposit or savings bond. The secondary account(s) balance, if any,
is \$_____.

Dated: _____, 19____

Signature of Authorized Officer

Printed Name of Authorized Officer